

**Yarmouth Community Services
Application for use of Outdoor Facilities**

(PART I:) To be completed by applicant

Date: _____

Organization/Group: _____ Date(s) requested: _____

(please check frequency of use requested) _____ Once _____ Weekly _____ Season/League

Please Circle day (s) of week: Mon Tues Wed Thur Fri Sat Sun

Field (please check)

- | | | |
|----------------------------|--------------------------------|----------------------------------|
| ___ Winslow Game Field | ___ YHS Michael Brown Softball | ___ Kaulback Fd. / N. Road |
| ___ Winslow Football Field | ___ YHS Field Hockey | ___ Delorme Fd. / N. Road |
| ___ Winslow Practice Field | ___ YHS Baseball | ___ Heidi Tobiason Fd. / N. Road |
| ___ Winslow Softball | ___ YHS Turf Field | ___ Bennett Field |
| ___ Sand Volleyball Courts | ___ YHS Track | ___ Camp SOCI |
| ___ ROWE Tennis | ___ YHS Lower Practice Field | ___ Royal River Park |
| ___ YES Tennis | ___ Outdoor Basketball Courts | ___ Other |
| ___ YHS Donna Hall Tennis | | |

Hours requested: From: _____ to _____

Person(s) responsible on-site at activity: _____

Billing name/address/telephone: _____

The person designated below, as the authorized representative, is empowered and does agree to ensure that the Community Services policies will be abided by and to pay all costs incident to use. In addition, all users must provide a **certificate of liability insurance** to the Community Services office prior to use. Rain outs must be rescheduled through Community Services.

Signature of Applicant/Authorized Representative

(PART II:) To be completed by Community Services

Recommendation: Approval _____ Disapproval _____ Date: _____

Fee charged: \$ _____ per game/day Total Payment Due: _____

Payment Due Date: _____

Additional Comments: _____

Signature of Community Services Representative

**The above approved group agrees to pay the fee by the payment due date listed above
Failure to do so will jeopardize approval of future requests.**